

ATTACHMENT 2

Procedure code and modifier changes for prior authorization requests submitted to Wisconsin Medicaid

The following tables list the Healthcare Common Procedure Coding System procedure code and modifier changes for Medicaid vision providers, effective for dates of service (DOS) on and after April 1, 2004. Medicaid vision providers *are required to obtain prior authorization* from Wisconsin Medicaid before placing an order for any of these lens types with the Wisconsin Medicaid State Purchase Eyeglass Contract provider. These procedure codes and modifiers are not used by Medicaid vision providers to submit claims to Wisconsin Medicaid.

For DOS before April 1, 2004		For DOS on and after April 1, 2004	
Procedure code	Procedure code description	Replaced by procedure code	Procedure code description
V2740	Tint, plastic, rose 1 or 2 per lens	V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2742	Tint, glass rose 1 or 2, per lens		
S0580	Polycarbonate lens	V2784	Lens, polycarbonate or equal, any index, per lens

For DOS before April 1, 2004		For DOS on and after April 1, 2004	
Modifier	Modifier description	Replaced by procedure code	Procedure code description
U3	High index, single vision	V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
U4	High index, multifocal		
U3	High index, single vision	V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
U4	High index, multifocal		

Note: Modifiers U3 and U4 are replaced by either procedure code V2782 or V2783 as appropriate. Therefore, vision providers will indicate the procedure code formerly used with U3 or U4 and either V2782 or V2783.